

Contractor Certification Regarding Project: 515-12-121

	2011	2012	2013	2014
Number of serious, willful, or repeat violations from OSHA within the last 3 years. Please attach explanation for any violations. (Four serious, one repeat, or one willful violation could result in being determined non-responsible.)				

Company's Current Insurance Experience Modification Rate (EMR) = _____

(Note: Contractor must support the EMR with a signed letter from Insurance Carrier on their letterhead.)

Signature: _____

Typed Name: _____

Title: _____